

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

CITY OF LOS BANOS

Please type or print in ink.

2011 MAR 21 AM 9:41

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Sousa		Joe	H

1. Office, Agency, or Court

Agency Name

City of Los Banos

Division, Board, Department, District, if applicable

Los Banos City Council

Your Position

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Merced County Community Action agency

Position: Board member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Los Banos

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is / / , through December 31, 2010.

☐ Assuming Office: Date / /

☐ Leaving Office: Date Left / /
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed March, 21, 2011
(month, day, year)

Signature

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Joe H Sousa

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE
Merced County Community Action Agency

ADDRESS (Business Address Acceptable)
1235 West Main Street

CITY AND STATE
Merced, CA 95340

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Community Service agency

DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 833.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Lodging and meals provided during
agencies annual Board training seminar.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments: